




Please type or print all information. Please read instructions on reverse.

 EPA U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Areas of Review (This information is solicited under the authority of the Safe Drinking Water Act)					I. Name and Address of Reporting Agency United States Environmental Protection Agency 1650 Arch Street Philadelphia, PA 19103-2029 PENNSYLVANIA - UIC						
II. Date Prepared (month, day, year) 11/20/2009			III. State Contact name, telephone no.) Karen D. Johnson 215-814-5445			IV. Reporting Period (month, year) From October 1, 2008 To September 30, 2009					
Item					Class and Type of Injection Wells						
					1	II			III	IV	V
						SWD 2	ER 2R	HC 2H			
V. Permit Application	Number of Permit Applications Received					0	0				
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued (One well)	New Wells		0	0				
			Existing Wells		1						
		B	Number of Area Permits Issued* (Multiple wells) (*See instructions on back)	New Well Field		0	0				
			Existing Well Field		0	0					
	C	Number of Wells in Area Permits (See B above)	New Wells								
			Existing Wells								
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)			0	0				
	Modification Issued	E	Number of Major Permit Modifications Approved			0	0				
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed							
				Wells Deficient							
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells							
	Other Wells										
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells							
	Other Wells										
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A								
			2. Number of Active Wells in AOR Plugged/Abandoned								
			3. Number of Abandoned Wells in AOR Replugged								
			4. Number of Wells in AOR with "Other" Corrective Action								
IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)											
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form Maria Conicelli, Env. Protection Specialist								Date 11/20/2009		Telephone No. 215-814-5445	


Please type or print all information. Please read instructions on reverse.

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> EPA U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II A: Compliance Evaluation (This information is solicited under the authority of the Safe Drinking Water Act) </div>				I. Name and Address of Reporting Agency United States Environmental Protection Agency 1650 Arch Street Philadelphia, PA 19103-2029 PENNSYLVANIA UIC											
II. Date Prepared (month, day, year) November 20, 2009		III. State Contact <i>name, telephone no.</i> Karen D. Johnson, 215-814-5445		IV. Reporting Period (month, year) <table style="width:100%; border: none;"> <tr> <td style="border: none;">From</td> <td style="border: none;">To</td> </tr> <tr> <td style="border: none;">October 1, 2008</td> <td style="border: none;">September 30, 2009</td> </tr> </table>								From	To	October 1, 2008	September 30, 2009
From	To														
October 1, 2008	September 30, 2009														
Item				Class and Type of Injection Wells											
				1	II			III	IV	V					
					SWD 2	ER 2R	HC 2H								
V. Summary of Violations	Total Wells	A	Number of Wells with Violations			34				50					
	Total Violations	B	1. Number of Unauthorized Injection Violations			1									
			2. Number of Mechanical Integrity Violations			33									
			3. Number of Operation and Maintenance Violations												
			4. Number of Plugging and Abandonment Violations												
			5. Number of Monitoring and Reporting Violations												
			6. Number of Other Violations (Specify)							50					
VI. Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions			24				29					
	Total Enforcement Actions	B	1. Number of Notices of Violation			26				25					
			2. Number of Consent Agreements			1									
			3. Number of Administrative Orders												
			4. Number of Civil Referrals												
			5. Number of Criminal Referrals												
			6. Number of Well Shut-ins												
			7. Number of Pipeline Severances												
			8. Number of Other Enforcement Actions (Specify)							4					
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter			32				50					
			B. This Year												
VIII. Contamination	Number of Cases of Alleged Contamination of USDW														
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days														
X. Remarks/Ad Hoc Report (Attach additional sheets)															
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Signature and Typed or Printed Name and Title of Person Completing Form Maria Conicelli								Date 11/20/2009	Phone No. 215-814-5465						

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 U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II B: Compliance Evaluation Significant Noncompliance (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency United States Environmental Protection Agency 1650 Arch Street Philadelphia, PA 19103-2029 PENNSYLVANIA UIC							
II. Date Prepared (month, day, year) 11/20/2009		III. State Contact name, telephone no.) Karen D. Johnson, 215-814-5445		IV. Reporting Period (month, year) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">From</td> <td style="width: 50%;">To</td> </tr> <tr> <td>October 1, 2008</td> <td>September 30, 2009</td> </tr> </table>				From	To	October 1, 2008	September 30, 2009
From	To										
October 1, 2008	September 30, 2009										
Item				Class and Type of Injection Wells							
				1	II			III	IV	V	
				SWD 2	ER 2R	HC 2H					
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations			1					
	Total Violations	B	1. Number of Unauthorized Injection SNC Violations			1					
			2. Number of Mechanical Integrity SNC Violations								
			3. Number of Injection Pressure SNC Violations								
			4. Number of Plugging and Abandonment SNC Violations								
			5. Number of SNC Violations of Formal Orders								
			6. Number of Falsification SNC Violations								
			7. Number of Other SNC Violations (Specify)								
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC			1					
	Total Enforcement Actions	B	1. Number of Notices of Violation								
			2. Number of Consent Agreements/Orders			1					
			3. Number of Administrative Orders								
			4. Number of Civil Referrals								
			5. Number of Criminal Referrals								
			6. Number of Well Shut-ins								
			7. Number of Pipeline Severances								
			8. Number of Other Enforcement Actions Against SNC Violations (Specify)								
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance		A. This Quarter								
			B. This Year								
VIII. Contamination	Number of Cases of Alleged Contamination of USDW										
IX. Well Closure	Class IV/Endangering Class V Well Closures			Involuntary Well Closure - MVWDW's							
				Voluntary Well Closure							
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Signature and Typed or Printed Name and Title of Person Completing Form Maria Conicelli							Date 11/20/2009	Phone 215-814-5465			

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 U.S. Environmental Protection Agency Office of Drinking Water Washington, DC 20460 UIC Federal Reporting System Part III: Inspections (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency United States Environmental Protection Agency 1650 Arch Street Philadelphia, PA 19103-2029 PENNSYLVANIA UIC								
II. Date Prepared 20-Nov-09		III. State Contact (name, telephone no.) Karen D. Johnson, 215-814-5445				IV. Reporting Period (month, year) <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%;">October 1, 2008</td> <td style="border: 1px solid black; width: 50%;">September 30, 2009</td> </tr> </table>				October 1, 2008	September 30, 2009	
October 1, 2008	September 30, 2009											
Item						Class and Type of Injection Wells						
						1	II			III	IV	V
							SWD 2	ER 2R	HC 2H			
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected				3	167				250
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed				1	149				
			2. Number of Emergency Response or Complaint Response Inspections				0	0				
			3. Number of Well Constructions Witnessed				11	51				
			4. Number of Well Pluggings Witnessed				2	19				
			5. Number of Routine/Periodic Inspections				7	210				661
VI Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)				67	79				
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI		Passed 2-part test		82					
					Failed 2-part test		0					
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed							
					Well Failed							
			2. No. of Casing/Tubing Pressure Tests		Well Passed		1	67				
					Well Failed		0	1				
			3. Number of Monitoring Record Evaluations		Well Passed							
					Well Failed							
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed			82				
					Well Failed			0				
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed		1	67				
					Well Failed		0	1				
			2. Number of Temperature/Noise Log Tests		Well Passed							
					Well Failed							
			3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed							
					Well Failed							
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)		Well Passed			82				
Well Failed							0					
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action									
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions									
			2. Number of Tubing/Packer Remedial Actions									
			3. Number of Plugging/Abandonment Remedial Actions									
			4. Number of Other Remedial Actions (Specify)									
VIII. Remarks/Ad Hoc Report (Attach additional sheets)												
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Signature and Typed or Printed Name and Title of Person Completing Form Maria Conicelli									Date 11/20/2009	Phone No. 215-814-5465		



(This information is solicited under
the authority of the Safe Drinking Water Act)

EPA Region 3 - PENNSYLVANIA UIC

I. Reporting Period

From
October 1, 2008

To	September 30, 2009
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[illegible]

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Maria Conicelli, Env. Protection Specialist

Date

11/20/2009

Phone No.	
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215-814-5465